



Children's System of Care Framework DRAFT/Discussion Only



Prevention

Early Intervention

Intensive Intervention

| Prevention Projects | Early Intervention Programs | Non-Intensive Services | Community Services and Supports | Child Welfare and Juvenile Justice Programs | Other Services | System Support |
|---|--|---|--|--|---|--|
| <p>Partners in Suicide Prevention (PSP)—PEI-Funded Program Increasing public awareness of suicide and reducing stigma associated with seeking mental health and substance abuse services. The team offers:</p> <ul style="list-style-type: none"> ☑ Education ☑ Appropriate tools and resources such as EBP's. ☑ Linkage and referral appropriate services <p>A Reason to Care and Connect (ARCC)—PEI-Funded Program Through “social inclusion” this initiative aims to reduce the stigma and discrimination that children with serious mental health needs and their families experience. Staff provides community and school-based trainings for parents and youth using an empathy-based approach</p> | <p>Integrated School-based Health Center (ISHC)—PEI-Funded Program A partnership with County school districts to improve health and mental health outcomes and to make efficient use of resources by promoting and implementing proven service models and prevention principles that are population-based, client-centered, and family-focused.</p> <p>Nurse Family Partnership—PEI-Funded Program This partnership with Public Health provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child’s second birthday.</p> | <p>Child Field Capable Clinical Services (C-FCCS)—CSS-Funded Program FCCS are specialty mental health services for children ages 0-15 and their families who may want services outside of traditional mental health settings. Services are delivered in a variety of settings, including schools, health centers, and community centers. Implementation of FCCS was fast-tracked during FY 09-10 because of transformation and reduction of CGF.</p> | <p>Child Full Service Partnership (C-FSP)—CSS-Funded Program A unique, intensive in-home mental health service program for children ages 0 – 15 and their families. Services may include, but are not limited to, individual and family counseling, 24/7 assessment and crisis services, and substance abuse and domestic violence counseling and assistance. Services are provided in the families’ language of choice.</p> <p>Child Field Capable Clinical Services (C-FCCS)—CSS-Funded Program FCCS are specialty mental health services for children ages 0-15 and their families who may want services outside of traditional mental health settings.</p> | <p>WRAPAROUND (Intensive)—MHSA, EPSDT and Katie A. Funded Program A program utilizing principles organized around three main elements: family strengths/child needs-based approach; multi-agency collaboration in the community; and cultural competence. Program objectives include assisting youth in returning home and maintaining their placements.</p> <p>Group Home Aftercare Services-Title IV-E Funded Program- Mental health services for probation youth transitioning from residential care back into the community.</p> | <p>Therapeutic Behavioral Services (TBS)—MHSA, EPSDT and Katie A. Funded Program TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.</p> | <p>Family Support Services (supportive services under Child FSP)—CSS-Funded Program Adjunctive mental health services for significant support persons of enrolled child FSP clients (i.e. caregivers).</p> <p>Outreach and Engagement—CSS-Funded Program Service Area-based staff who provide outreach and education to communities on MHSA services</p> <p>Service Area Navigation—CSS-Funded Program Service Area-based teams that provide referral and linkage services and oversee the coordination of service referrals through the Service Area Impact Units.</p> |



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| <p>Project RISE—PEI-Funded Program Permanency and well-being strategies for LGBTQ youth who are homeless or in, or at risk of, placement in foster care, the juvenile justice system.</p> <p>Project SPIN—PEI-Funded Program Project focused on ending LGBT youth suicide and reduce homophobia in the nation's second largest school district – LAUSD.</p> | <p>First 5 LA PCIT *5 year program funded by First 5 LA Parent Child Interaction Therapy (PCIT) is an Evidence Based Practice that focuses on promoting healthy parent-child relationships, increasing the child's pro-social behaviors, and increasing the parents' behavior management skills. Targeted to work with children 2-5 years of age for the First5 LA PCIT target population, but if a child is enrolled by the age of 5 years old, they will continue to be eligible for services even if they turn 6 years old prior to completing a course of treatment with PCIT.</p> <p>PEI Funded EBPs—PEI-Funded Program Various EBPs provided as a part of the PEI plan. Implementation of the EBP was fast-tracked due to</p> | | <p>Services are delivered in a variety of settings, including schools, health centers and community centers. Implementation of FCCS was fast-tracked during FY 09-10 because of transformation and reduction of CGF.</p> | <p>Treatment Foster Care (Intensive)—Katie A. Funded Program TFC provides a specialized treatment alternative to group home placements utilizing specialized resource foster homes for children six to 17 years of age.</p> <p>Multidisciplinary Assessment Team (MAT)—Katie A. Funded Program MAT ensures the immediate and comprehensive assessment of children and youth entering out-of-home placement to help a family address their child's needs.</p> <p>Intensive Care Coordination (ICC)/ Intensive Home Based Service Programs (IHBS)—MHSA, EPSDT and Katie A. Funded ICC includes services</p> | <p>Day Treatment—EPSDT-Funded Program Day Treatment Intensive is a highly structured, short-term program of treatment services provided in an organized and structured multi-disciplinary treatment milieu and an alternative to hospitalization or placement in a more restrictive setting. Its goal is to maintain the client in the community. These services are provided to a distinct group of clients. Day Treatment Intensive is a packaged program with service available at least three (3) hours and less than 24-hours each day the program is in operation.</p> <p style="text-align: right;">Harbor</p> <p>View IMD—Non-MHSA Funded Program A short, in-patient stabilization program to prevent multiple and repeated hospitalizations.</p> | <p>Housing —CSS-Funded Program Housing specialists who assist TAY and adult clients in obtaining permanent housing.</p> |



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| | transformation and reduction of CGF during FY 2010-2011. | | | delivered primarily through a child and family team process. IHBS are intensive individualized and strength-based interventions that support the engagement and participation of the child and the significant support persons to help develop the child/youth's skills to achieve goals and objectives of the care plan. | Residential Treatment Centers- Non-MHSA Funded Program | |



Transition-Age Youth System of Care and Gap Analysis/Unmet Needs DRAFT Framework/Discussion Only



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| <p>Partners in Suicide Prevention (PSP)/Anti-Stigma and Discrimination (ASD) - PEI-Funded Program Increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The team offers:</p> <ul style="list-style-type: none"> - Education - Appropriate tools and resources such as evidence-based practices - Linkage and referral to appropriate services | <p>PEI Funded Evidence-Based/Community-Defined/Promising Practices - PEI-Funded Program Various Evidence-Based/Community-Defined/Promising Practices as part of the PEI plan. Implementation of the practices was fast-tracked due to transformation and reduction of County General Funds (CGF) during FY 2010-2011. PEI practices target the following TAY sub-populations:</p> <ul style="list-style-type: none"> - Trauma exposed - Onset of serious psychiatric illness - Stressed families - At risk for school failure - At risk of experiencing juvenile justice involvement - Underserved cultural populations (including LGBTQ) | <p>Probation Camp Services - CSS-Funded Program Provides services to youth ages 16-25 who are residing in Los Angeles County Probation Camps; particularly SED/SPMI youth, those with co-occurring substance abuse disorders and/or those who have suffered trauma. Camp Assessment Units assess the youth's needs and services are provided by Multi-Disciplinary Teams.</p> <p>Juvenile Hall Services - Non-MHSA-Funded Program Comprehensive mental health screening/evaluation, and assessment of all newly admitted youth. Mental health treatment is provided to those in need of mental health services.</p> | <p>Transition Age Youth Full Service Partnership (FSP) - CSS-Funded Program Intensive services with 24/7 staff availability to help individuals (age 16-25) address emotional, housing, physical health, transportation, and other needs to help them function independently in the community.</p> <p>Transition Age Youth Field Capable Clinical Services (FCCS) - CSS-Funded Program FCCS addresses the needs of individuals (age 16-25) who are SED/SPMI, but do not have the intensive service needs of individuals who qualify for FSP. FCCS provides a way of to transition FSP clients to less intensive programs as they meet their recovery goals.</p> <p>Urgent Care Centers (UCCs) - CSS-Funded Program UCCs provide intensive crisis</p> | <p>Wraparound (Intensive) - MHSA, EPSDT and Katie A. Funded Program A program utilizing principles organized around three main elements: family strengths/child need-based approach; multi-agency collaboration in the community; and cultural competence. Program objectives include assisting youth in returning home and maintaining their placements.</p> | <p>Therapeutic Behavioral Services (TBS) - MHSA, EPSDT and Katie A. Funded Program TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.</p> | <p>Outreach and Engagement - CSS-Funded Program Service Area-based staff who provide outreach and education to communities on MHSA services.</p> <p>Service Area Navigation - CSS-Funded Program Service Area-based teams that provide referral and linkage services and oversee the coordination of service referrals through the Service Area Impact Units.</p> <p>Housing Specialists - CSS-Funded Programs Develop comprehensive housing resources, assist SED/SPMI TAY with completing applications for rental subsidies, and prepare youth for their interview with prospective property owners or housing managers.</p> |



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| <p>TAY Mobile Resource Library - PEI-Funded Program Mobile resource library designed to provide TAY with resources and information regarding mental health services, supports, vocational assistance, housing resources, and other community-based resources.</p> | <p>Juvenile Justice Transition Aftercare Services (JJTAS) - PEI-Funded Program Focuses on youth transitioning from Probation Camp settings back to their home communities by utilizing evidence-based practices and linkage services. JJTAS works to identify mental health issues as early as possible and provide early intervention services to assist youth successfully remain in the community.</p> <p>Assembly Bill 129 (Dual-Status 241.1) - Non-MHSA-Funded Program DMH staff placed in Delinquency and/or Dependency Courts to conduct mental health assessments and case planning of "at risk" youth. Multi-Disciplinary Teams provides linkage to appropriate mental health services.</p> | <p>Wellness/Client-Run Center - CSS-Funded Program Wellness/Client-Run Centers are targeted for clients who are stable in treatment and are looking to further their progress toward their recovery goals.</p> | <p>individuals who otherwise would be brought to psychiatric emergency rooms. UCCs provide up to 23 hours of immediate care and linkage to community-based services, including integrated services for co-occurring substance abuse disorders.</p> <p>Crisis Resolution Services (CRS) - CSS-Funded Program Mental health crisis intervention to divert utilization of inpatient services. Provides rapid psychiatry medication evaluation and prescription services.</p> <p>Institutions for Mental Disease (IMD) Step-down - CSS-Funded Program Provides supportive on-site mental health services. Targets individuals in higher levels of care who require on-site mental health and supportive services.</p> | | <p>Institutions for Mental Disease (IMD) - Non-MHSA-Funded Program IMDs are long term care psychiatric facilities, licensed by the State, that are contracted by DMH to provide care for persons who no longer meet the criteria for acute care but are not clinically ready to live in a board and care facility or to live independently.</p> | <p>TAY Housing Programs - CSS-Funded and Non-MHSA Funded Provides a variety of housing options to address the long-term and immediate/urgent housing needs of the SED/SPMI TAY population.</p> <ul style="list-style-type: none"> - Permanent Supportive Housing/Project-Based Operating Subsidies for Permanent Housing - Independent Living Program (Non-MHSA; exiting DCFS or Probation foster care) - Enhanced Emergency Shelter Program (EESP) <p>Transition Age Youth Drop-In Centers - CSS-Funded Program Drop-In Centers provide temporary safety and basic supports for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally III (SPMI) TAY . Housing CSS Funded Program</p> |



Adult System of Care Framework

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| <p>Prevention and Early Intervention Programs (PEI)</p> <p>PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issues.</p> <p>Specifically, early intervention services are directed towards individuals and families for whom a short-term (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health situation early in its manifestation.</p> <p>Early intervention services may avoid the need for more extensive mental health treatment, or prevent the</p> | <p>Partners in Suicide Prevention (PSP)</p> <p>Increasing public awareness of suicide and reducing stigma associated with seeking mental health and substance abuse services. The team offers:</p> <ul style="list-style-type: none"> • Education in community settings • Appropriate tools and resources such as best practices. • Linkage and referral to appropriate services. <p>Anti-Stigma and Discrimination Team</p> <p>This innovative program was created to increase public awareness, social acceptance, and inclusion of persons with mental health challenges. The team provides education, training,</p> | <p>Wellness Centers</p> <p>Services are clinic and field based and designed to sustain recovery from mental illness, allowing consumers to graduate/exit the public mental health system, and achieve full community integration. Peer service providers should comprise at least 50% of the WC team. Services include:</p> <ul style="list-style-type: none"> • Peer directed and self help support groups including individualized problem solving, Wellness Recovery Action Plan (WRAP), Procovery Circles, and other self-help groups. • Self-directed crisis management with clinical supports | <p>Adult Full Service Partnership (FSP)</p> <p>FSP services are enrollment based highly intensive field-based team services with a maximum of a 1:15 staff to client ratio. FSP provides on-going support on an at least weekly basis to clients with their recovery and community integration goals. The FSP team provides:</p> <ul style="list-style-type: none"> • Intensive sustained outreach and engagement efforts to both new and ongoing consumers. • 24-7 crisis response. • Majority field-based services • Co-occurring disorders treatment. • Medication support services, as needed. | <p>Outreach and Engagement—CSS-Funded Program</p> <p>Service Area-based staff who provide outreach and education to communities on MHSA services</p> <p>Temporary Shelter Program</p> <p>Resources for individuals/families being outreached to engage in services and assist with permanent housing plan.</p> <p>Service Area Navigation—CSS-Funded Program</p> <p>Service Area-based</p> | <p>Cal Works/GROW</p> <p>The Department of Mental Health maintains a collaborative relationship with the Department of Public Social Services (DPSS) to serve the individuals who are part of DPSS' General Relief Opportunities for Work (GROW) program and CalWORKS program. DMH clinics provide clinical assessments and treatment services to GROW and CalWORKS Program participants who identify with an emotional or mental disorder that would otherwise limit or impair their ability to become and/or remain employed to help them increase self-sufficiency and return to work.</p> |

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| <p>mental health problem from becoming worse.</p> <p>PEI Models Include:</p> <ul style="list-style-type: none"> Individual Cognitive Behavioral Therapy (CBT) for Depression, Anxiety or Trauma Group CBT for Depression (Group CBT) Interpersonal Psychotherapy (IPT) Crisis Oriented Resolution Services (CORS) Seeking Safety Dialectical Behavioral Therapy (DBT) Families Over Coming Under Stress (FOCUS) Mental Health Integrated Program (MHIP) Prolonged Exposure for Post-Traumatic Stress Disorder (PE) | <p>and consultation while creating alliances within the community.</p> <p>Office of Family Engagement</p> <p>The Family Engagement team works to strengthen the voice of families throughout the mental health system by being a voice for families, and empowering the family to skillfully navigate the treatment system to access resources, contacts, and services.</p> <p>Promotores</p> <p>Community Mental Health education, outreach, and linkage for the Latino population by trained community advocates.</p> | <p>provided, when needed.</p> <ul style="list-style-type: none"> Co-occurring disorders treatment focused on maintaining recovery and sobriety. Medication Support services, and provision of or referral to other MHSA program elements and/or needed community services Housing, employment, and education services Care coordination and provision of peer counseling, family education and support. Healthy Living activities geared towards health education and needed behavioral change. Support for independent living in | <ul style="list-style-type: none"> Address consumers' needs pre and post hospitalization. Transition consumers toward successful graduation from FSP or referrals to other MHSA program elements and/or needed community supports as appropriate. Care coordination and provision of peer counseling, family education and support. Successful provision of and linkage to needed housing, employment, vocational and educational services. <p>Field Capable Clinical Services (FCCS)</p> <p>FCCS Services are</p> | <p>teams that provide referral and linkage services and oversee the coordination of service referrals through the Service Area Impact Units.</p> <p>Housing —CSS-Funded Program</p> <p>Housing specialists who assist adult clients in obtaining permanent housing. Availability of Housing Projects through CHEERD.</p> <p>MHSA Housing Trust Fund</p> <p>Supportive services provided to those living in Permanent Supportive Housing (one-time funds).</p> | <p>AB 109 Program</p> <p>Mental health services for non-revocable parolees</p> <p>Jail Mental Health Services</p> <p>Mental health and psychiatric services delivered to individuals identified with a mental illness incarcerated in the LA County Jail system.</p> <p>County General Funded Services (CGF)</p> <p>Outpatient services that may include medication, case management, group, and individual mental health services. Used flexibly by providers to provide services to all age groups.</p> |

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| <p>Veterans and Loved Ones Recovery (VALOR)</p> <p>The Valor program was established to reduce homelessness, and to treat mental and physical challenges for the veterans of Los Angeles County and their families. Services are field based and include Mental Health services and case management; assistance with benefits, employment, education, and housing.</p> <p>Co-Located Mental Health Services</p> <p>Mental Health providers co-located at Health Care sites. This program is designed to ensure bi-directional care for individuals in health care settings with low intensity mental health needs. Services include:</p> | <p>Wellness Outreach Workers (WOW)</p> <p>Stipend peer volunteer program at Directly Operated sites providing peer support to new and existing consumers. WOW volunteers can be trained to serve in specialized positions. Specialized programs include the Clinic Ambassador Program and the Health Care Navigator Program.</p> | <p>the community.</p> <p>Client Run Centers (CRC)</p> <p>Services are designed to promote Recovery from mental illness, promoting utilization of natural community and peer supports to sustain recovery. Services are 100% designed and provided by peers. Services include:</p> <ul style="list-style-type: none"> Peer directed support groups and individualized problem solving including Wellness Recovery Action Plan (WRAP), Procovery Circles, and other self-help groups. One-on-one peer support to work toward recovery goals. Co-occurring disorders | <p>community and field based clinical and case management services to improve access to mental health services. Interventions focus on moving clients toward wellness programs and independent use of community resources and supports. The FCCS team provides:</p> <ul style="list-style-type: none"> Co-located service provision in health care or other community based settings. 24-7 telephone crisis response. Co-occurring disorders treatment. Medication support services, where needed. Referral to other MHSA program elements and/or | <p>MHSA Housing Program</p> <p>Capital and Operating funds for the development of Permanent Supportive Housing dedicated to DMH clients (one-time funds).</p> | |

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| <ul style="list-style-type: none"> • Evaluation • Assessment • Intervention using the MHIP model • Linkage if indicated | | <p>treatment focused on maintaining recovery and sobriety.</p> <ul style="list-style-type: none"> • Healthy Living activities geared towards health education and needed behavioral change. • Linkage with peer and community developed resources including housing and employment opportunities. • Support for independent living in the community. • Linkage, as needed, for additional services including health care and mental health clinical services. <p>Innovation- Integrated Services Management Model</p> <p>Integrated primary care,</p> | <p>needed community services, which may include housing, employment, vocational and/or educational services.</p> <ul style="list-style-type: none"> • Care coordination and provision of peer counseling, family education and support. <p>IMD Step-Down Services</p> <ul style="list-style-type: none"> • On-site intensive mental health and supportive services at select Adult Residential Facilities to assist clients transitioning from acute inpatient and institutional settings to the community. | | |

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| | | <p>mental health and substance abuse services provided to seriously mentally ill individuals with one or more co-occurring disorders from 5 different ethnic communities. Services include non-traditional healing approaches as well.</p> <p style="text-align: center;">Innovation-Integrated Clinic Model</p> <p>Integrated primary care, mental health and substance abuse services provided at a co-located site to seriously mentally ill individuals with one or more co-occurring disorders.</p> | <p>Innovation-Integrated Mobile Health Team</p> <p>Field-based teams provide integrated health, mental health and substance abuse services to the most vulnerable individuals and families that are homeless, using a housing first model to assist them with obtaining and maintaining affordable permanent housing.</p> | | |

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| | | <p style="text-align: center;">Innovation-Peer Run Services</p> <ul style="list-style-type: none"> PRISM- Peer-run support services designed to increase service engagement and whole health outcomes for seriously mentally ill adults with one or more co-occurring disorders. PRRCH – Short term residential respite services provided by peers targeting clients who need a respite from an ongoing living situation in order to avoid more intensive interventions. | | | |

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Older Adult System of Care Framework

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| Prevention and Early Intervention Funded | | Community Services and Supports (CSS) Funded | | | Outreach & Engagement Funded |
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| <p>Partners in Suicide Prevention (PSP) is an all-age collaborative effort</p> <p>Increasing public awareness of suicide and reducing stigma associated with seeking mental health and substance abuse services. The team offers:</p> <ul style="list-style-type: none"> • Education in community settings • Appropriate tools and resources such as best practices. • Linkage and referral to appropriate services. <p>Anti-Stigma and Discrimination (ASD)</p> <p>This program for older adults operates under the name “Mental Wellness.”</p> | <p>Older Adult Prevention and Early Intervention Programs (OA -PEI)</p> <p>OA -PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issues. PEI Models Include:</p> <p>Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)</p> <p>Problem Solving Therapy (PST)</p> <p>Interpersonal Psychotherapy (IPT)</p> <p>Crisis Oriented Resolution Services</p> | <p>Older Adult Wellness Center Services</p> <p>The original OA MHA allocation did not include funding for OA designated staff to deliver services in the Wellness Centers. However, through funds from the Prudent Reserve there was an opportunity to fund three positions to perform older adult specific activities at Hollywood, Edelman, and Long Beach.</p> <p>There are significant numbers of older adults receiving mental health services in the Wellness Centers but there is</p> | <p>Older Adult Full Service Partnership (OA - FSP)</p> <p>OA – FSP addresses the special mental health needs of older adults, ages 60 and above, with a serious and persistent mental illness which results in difficulty functioning and who have experienced the following within the last year: homelessness or at serious risk of becoming homeless; in jail or frequent contact with the criminal justice system; frequent psychiatric hospitalizations; at risk of abuse, neglect, harm or placement in a higher level of care; or co-occurring medical or substance use disorders.</p> | <p>Service Extenders</p> <p>Services to older adults have been expanded through the use of volunteers or Service Extenders who work as part of a multi-disciplinary treatment team, by providing additional care and support.</p> <p>Service Extenders can be clients in recovery, family members or other interested individuals who volunteer to serve as members of multi-disciplinary Field Capable Clinical Service teams. Support for Service Extenders has included basic training to become a service extender and ongoing quarterly meetings/training to support and sustain these volunteers.</p> <p>Each of the Service Area use existing staff to assist OA with navigating the DMH system.</p> | <p>Public Speaking Training Program and Gavel Club</p> <p>Designed to help older adult consumers “find their own voice” in promoting wellness and recovery and advocacy.</p> <p>Consumers are assigned to work with Stigma and Discrimination staff as team members to give community presentations to provide information and education to community groups.</p> <p>Consumers participated in a pilot project (OCHOA) to provide information; education to businesses in the community as a mechanism to identify OA’s that may need mental health services.</p> <p>Future plans include using the volunteers to provide care</p> |



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| <p>The ASD team has focused on self-stigma, and provides psycho-education training to older adults, and older adult agencies.</p> | <p>(CORS) Seeking Safety (SS) Group CBT</p> | <p>limited OA programming.</p> | <p>OA - Field Capable Clinical Services (OA - FCCS) FCCS Services are specialized community and field based services designed to meet the unique needs of older adults, ages 60 and above. FCCS offers an alternative to traditional mental health services for older adults who may be unable to access services due to impaired mobility, frailty or other limitations. Services include Individual and family counseling; culturally and linguistically appropriate services; medication services; linkage to health care services; and education and support.</p> | <p>Other age groups have specific staff funded to serve as their age group navigators. Funding for this service was not allocated for OA.</p> <p>The number of Service Extenders has increased and there has been no growth in the funding. Additional funds are needed to pay stipends to Service Extenders that provide direct services to OA.</p> | <p>transition services to older adults who are discharged from psychiatric hospitals.</p> |